| CLAIMS ONLY | | | | | | | Application Number Filing Date Applicant(s) | | | | | | |
|-----------------|-------------|--|----------|--------|-------|--|---|-------|--|-------|--|--|----------|
| CLAIMS | L ASI | EII ED T | AFTER | FIRST | AFTED | SECOND | * May be used for additional claims or amendments | | | | | | |
| 00 11110 | | S - OP | AMÉN | DMENT | AMEN | DMENT | | | | | | | |
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| Total ndep | 1 | | | | | | Total Indep | 1 | | | . | | |
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| Depend Total | 27 | | | | | | Depend Total | | | | | | |
| Claims | 22 | <u> </u> | | | | <u> </u> | Claims | | <u> </u> | | | | |